

**INORGANIC ANALYSIS REQUEST FORM (Non-Potable, Surface, Ground)**

PLEASE COMPLETE ALL APPLICABLE INFORMATION

Customer / Agency Name:			
Address:			
City:		State:	Zip:
Attention:		Phone:	
Email:		Fax:	
Collector (if different than above):		Date Collected:	Time Collected:
Additional copy of report sent to:			
Address:		City:	State: Zip:
Sample ID:		Project Name/ Code/ Site (Location):	



**State of Idaho**  
**Bureau of Laboratories**  
**2220 Old Penitentiary Rd.**  
**Boise, ID 83712**  
**208-334-2235**  
**EPA No. ID00018**

**SAMPLE MATRIX :**
☐ SURFACE WATER    ☐ GROUND WATER    ☐ UNKNOWN    ☐ WASTEWATER    ☐ OTHER \_\_\_\_\_
**METALS;      T = Total    D = Dissolved**

<input type="checkbox"/> Aluminum	<input type="checkbox"/> T	<input type="checkbox"/> D	<input type="checkbox"/> Lead	<input type="checkbox"/> T	<input type="checkbox"/> D	<input type="checkbox"/> Vanadium	<input type="checkbox"/> T	<input type="checkbox"/> D
<input type="checkbox"/> Antimony	<input type="checkbox"/> T	<input type="checkbox"/> D	<input type="checkbox"/> Manganese	<input type="checkbox"/> T	<input type="checkbox"/> D	<input type="checkbox"/> Zinc	<input type="checkbox"/> T	<input type="checkbox"/> D
<input type="checkbox"/> Arsenic	<input type="checkbox"/> T	<input type="checkbox"/> D	<input type="checkbox"/> Mercury	<input type="checkbox"/> T	<input type="checkbox"/> D			
<input type="checkbox"/> Barium	<input type="checkbox"/> T	<input type="checkbox"/> D	<input type="checkbox"/> Molybdenum	<input type="checkbox"/> T	<input type="checkbox"/> D	<input type="checkbox"/> Calcium		
<input type="checkbox"/> Beryllium	<input type="checkbox"/> T	<input type="checkbox"/> D	<input type="checkbox"/> Nickel	<input type="checkbox"/> T	<input type="checkbox"/> D	<input type="checkbox"/> Magnesium		
<input type="checkbox"/> Cadmium	<input type="checkbox"/> T	<input type="checkbox"/> D	<input type="checkbox"/> Selenium	<input type="checkbox"/> T	<input type="checkbox"/> D	<input type="checkbox"/> Potassium		
<input type="checkbox"/> Cobalt	<input type="checkbox"/> T	<input type="checkbox"/> D	<input type="checkbox"/> Silver	<input type="checkbox"/> T	<input type="checkbox"/> D	<input type="checkbox"/> Sodium		
<input type="checkbox"/> Chromium	<input type="checkbox"/> T	<input type="checkbox"/> D	<input type="checkbox"/> Strontium	<input type="checkbox"/> T	<input type="checkbox"/> D			
<input type="checkbox"/> Copper	<input type="checkbox"/> T	<input type="checkbox"/> D	<input type="checkbox"/> Thallium	<input type="checkbox"/> T	<input type="checkbox"/> D			
<input type="checkbox"/> Iron	<input type="checkbox"/> T	<input type="checkbox"/> D	<input type="checkbox"/> Tin	<input type="checkbox"/> T	<input type="checkbox"/> D			

**CHEMICAL ANALYSIS**

<input type="checkbox"/> Alkalinity	<input type="checkbox"/> Hardness	<input type="checkbox"/> Settleable Solids (SS)
<input type="checkbox"/> Ammonia	<input type="checkbox"/> Hydrogen Sulfide	<input type="checkbox"/> Sulfate
<input type="checkbox"/> Biochemical Oxygen (B.O.D.)	<input type="checkbox"/> Nitrate as N	<input type="checkbox"/> Total Dissolved Solids (TDS)
<input type="checkbox"/> Chemical Oxygen (C.O.D.)	<input type="checkbox"/> Nitrite as N	<input type="checkbox"/> Total Suspended Solids (TSS)
<input type="checkbox"/> Chlorophyll A	<input type="checkbox"/> Nitrate + Nitrite, Total	<input type="checkbox"/> Total Suspended Sediment (TSSC)
<input type="checkbox"/> Chloride	<input type="checkbox"/> Total Kjeldahl Nitrogen (TKN)	<input type="checkbox"/> Total Solids (TS)
<input type="checkbox"/> Conductivity	<input type="checkbox"/> Orthophosphate as P	<input type="checkbox"/> Turbidity
<input type="checkbox"/> Corrosivity (Langelier Index)	<input type="checkbox"/> Orthophosphate as P, Dissolved	<input type="checkbox"/> Volatile Solids
<input type="checkbox"/> Cyanide, Total	<input type="checkbox"/> pH	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cyanide, Weak Acid Dissociable	<input type="checkbox"/> Phosphorous, Total	
<input type="checkbox"/> Fluoride	<input type="checkbox"/> Silica	<input type="checkbox"/> Other _____

**TCLP / Hazardous Materials**
☐ Total RCRA Metals    ☐ TCLP RCRA Metals    ☐ pH (Hazardous Materials)
**RADIOLOGY**
☐ Gross Alpha    ☐ Gross Beta    ☐ Gross Alpha/Beta    ☐ Uranium  
☐ Radium 226    ☐ Radium 228    ☐ Other : \_\_\_\_\_

Other Requested Tests or Comments: \_\_\_\_\_

**LABORATORY USE ONLY**

Temperature: \_\_\_\_\_ Shipper: \_\_\_\_\_ Container Type: \_\_\_\_\_ Number of Bottles / Sample: \_\_\_\_\_  
 Preservative(s): \_\_\_\_\_ Number of Samples / Order: \_\_\_\_\_ Lab Order ID: \_\_\_\_\_  
 Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Lab Sample #: \_\_\_\_\_

Revised 060105